

**Media Release**



I hereby consent for all purposes to the reproduction and/or use of still photographs, video images, audio recordings, or other reproductions/likenesses of me, or my child, with or without the use of my name or my child's name, by the Virginia State Rural Health Plan in all forms and media and in all manners, including promotional, trade, educational, display, editorial and exhibition. I understand that this authority includes the right to make alterations and additions to the copies of any of the audiovisual works.

I also, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge those herein authorized to use such audiovisual works, of and from all and all manner of action and actions, cause or causes of actions, suits, debts and claims for sums of money, royalties, dues, and claims and demands of any nature whatsoever, in law or equity, arising out of the use of such audiovisual works.

This authorization shall become effective on the date affixed below, and shall continue for as long as the audiovisual works described herein are used in accordance with the terms and conditions herein set forth. In giving the consent, I release the Virginia State Rural Health Plan from liability for any violation of any personal or propriety right I may have in connection with such reproduction or use.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Guardian's Consent (required if the subject is under 18 years of age)**

I am the parent or guardian of the minor named above, and have the legal authority to execute the above consent and release. I approve the foregoing and waive any rights in the premises.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_